



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

Region VIII
1600 Broadway, Suite 700
Denver CO 80202-4967

CO-4180.90.01;EP

June 13, 2002

Mr. Richard C. Allen, Director
Office of Medical Assistance
Department of Health Care Policy and Financing
1575 Sherman Street
Denver, Colorado 80203-1714

Dear Mr. Allen:

This is to inform you that your request to amend your home and community-based services waiver for the Children's Extensive Support waiver, as authorized under Section 1915(c) of the Social Security Act, has been approved.

Specifically, you requested to change the waiver from a Model waiver to a regular waiver; to increase the number of recipients in Factor C for years 3, 4, and 5; and to clarify wording changes to make the eligibility criteria more specific and understandable to individuals and their families. You also requested this amendment to change "Division for Developmental Disabilities" to "Developmental Disabilities Services", and to substitute "Utilization Review Contractor" for "The Professional Review Organization" and "The Colorado Foundation for Medical Care". This request has been given Control Number 4180.90.01, which should be used in all correspondence relating to this waiver.

The estimates of utilization and the revised cost of waiver services has been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
3	212	\$14,992
4	222	\$15,231
5	242	\$15,436

The waiver amendment request, and the additional information provided us, conforms fully to the requirements of the statute and Medicaid regulations. Therefore, the amendment will be effective July 1, 2001, as requested.

We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please contact Eunice Perez at (303) 844-7036.

Sincerely,

/s/

Alex E. Trujillo
Regional Administrator

Cc: Jay Kauffman, DDS/DHS